COMPLIANCE CHECKLIST

▶ Long Term Care Facility - Nursing Unit

The following checklist is for plan review of new long-term care facilities and new additions to existing long-term care facilities. This checklist also applies to renovations projects affecting long-term care facilities constructed under the regulations effective March 19, 1968, or under their subsequent revisions. This checklist is derived from long-term care licensure regulations 105 CMR 150.000 and 105 CMR 151.000, entitled "Licensing of Long Term Care Facilities", as well as relevant parts of Chapter 111 of Massachusetts General Laws (specific sections indicated below). Applicants must verify project compliance with all licensure requirements when filling out this checklist, and must include the DPH affidavit when submitting project documents for self-certification or abbreviated review.

A separate checklist must be completed for each nursing unit affected by the construction project. Compliance Checklist LTC2 entitled "Long-Term Care Facility - Common Areas" must also be completed, whether or not the common areas are to be altered (spaces dependent on bed count must comply).

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

Facility Name:

- The Checklist must be filled out completely with each application. 1. Each requirement line (___) of this Checklist must be filled in with one of the following codes, unless otherwise 2.
- directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (___) next to the section title (e.g. _E_ RESIDENTS BEDROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.
- **X** = Requirement is met.

- □ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.
- **E** = Functional space or area is existing and not affected by **W** = Waiver requested for Guidelines, Regulation or Policy the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.
 - requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

Dotoo:

3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

acinty Name.	Dales.			
	Initial:			
Facility Address:	Revisions:			
	DON Identification: (if applicable)			
	Dad Camplamant			
	Bed Complement:			
	Current Number of Beds =			
	Proposed Number of Beds =			
Project Reference:	Building/Floor Location:			

07/01 LTC1 MASS, DPH/DHCQ

ARCHITECTURAL REQUIREMENTS MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

151.300	NURSING UNIT	ELECTRICAL REQUIREMENTS
	 Located on one floor only Number of beds in nursing unit = Level II	
151.320 (E) (A) (B) (H)	 RESIDENTS BEDROOMS Floor level 6" above grade Single-bed room: Multibed room: min. 125 sf min. 90 sf per bed 4 beds or less 3 beds or less 3 beds or less // window on 1 side privacy curtains min. 3'-0" clear on each side of each bed	Lighting: general lighting switch adjacent to bedroom door on latch side reading light for each bed wall or bolted to mounted nightstand illumination level equivalent to
(D)	min. 4'-0" wide passageway at end of each bed continuous to the bedroom door	60 watts incandescent switch usable by resident
(1)	one closet per bed min. 2'-0" x 2'-0" 5'-0" vertical clearance under clothes rod access does not interfere with patient privacy (multibed) bureau min. 2'-0" wide	elec. connection separate from required receptacles night light Power: 1 duplex receptacle per bed on headwall
(J)	at least 1 drawer per resident hospital-type beds min. mattress dim. 36" x 76" nightstand for each bed	 on emergency power 1 duplex receptacle on another wall
150.017 151.320 (G) (F)	drawer & cabinet towel rack 1 armchair for each bed bedroom opens into 8'-0" wide corridor outside window (also see Page 5) min. 20 feet outside clearance to any walls	Nurses call system: 1 call station for each bed
Policy 151.370 (C) Policy Policy	toilet room directly accessible from bedroom towel bar robe hook	Handwashing sinkVent. min. 10 air ch./hr (exhaust)Night lightEmergency nurses call station
	private shower or access to central min. 4'-0" x 4'-0" shower stall no curb sloped toward center drain shower curtain	 Shower controls outside stall easily operable by nursing staff Vent. min. 10 air ch./hr (exhaust) Emergency nurses call station accessible from toilet & shower

MASS. DPH/DHCQ 07/01 LTC1

ARCHITECTURAL REQUIREMENTS **MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS** SPECIAL CARE ROOM 151.330 (also see 151.320) ___ Located in close proximity to nurses station ___ Single-bed Min. 125 sf Private bathroom Handwashing sink ___ toilet Shower controls outside stall ___ shower tub ____ easily operable by nursing staff min. 4'-0" x 4'-0" stall Vent. min. 10 air ch./hr (exhaust) ___ no curb ___ Emergency nurses call station ___ accessible from toilet & ___ sloped toward center floor drain shower (or tub) shower curtain **NURSES STATION** 151.340 ___ Centrally located (A) Max. 100 ft n. station entrance to furthest bedroom door Vent. min. 10 air ch./hr ___ Min. 81 sf ____ Emergency lighting Min. 6'-0" dimension ___ Emergency power (B) Nurses call master station (D) Counter ___ bedroom numbers displayed ___ max. 42" high Charting surface ___ room functions displayed ___ Top & base storage cabinets ___ individual identification of (C) (E) Nurses toilet room each call MEDICINE ROOM 151.350 (A) ___ Opens into nurses station Min. 30 sf ___ Min. 5'-0" dimension Sized to accommodate med. cart (B) (C) Counter _ Handwashing sink Top & base cabinets Vent. min. 10 air ch./hr Lockable compartment ___ Lighting on emergency power (D) Refrigerator on emergency power Refrigerator **DAY ROOM** 151.360 ___ Centrally located _ Emergency lighting Policy Nurses call station Outside window 150.017 151.360 Min. 9 sf per bed NURSING UNIT DINING Policy check if service not included in project

___ Dining space & day room space contiguous min. 19 sf per bed

___ Emergency lighting

Nurses call staff station

07/01 LTC1

(if dining room outside unit meets space requirement)

or

Centrally locatedOutside window

___ Separate room

DRINKING FOUNTAIN

Centrally located

151.570

151.310

MASS. DPH/DHCQ

___ Min. 10 sf per nursing unit bed

		ARCHITECTURAL	REQUIREMENTS	CHANICAL/PLUMBING/ ECTRICAL REQUIREMENTS			
151.370 Policy Policy (A)		BATHING Centrally locat Solid partition At least one of the check if fur min. 3'-0' min. 3'-0"	_ Vent. min. 10 air ch./hr negative pressure (Policy) air exhausted to outdoors _ Emerg. nurses call				
(B)		Shower rooms min. 4'-0'	Vent. min. 10 air ch./hr negative pressure (Policy) air exhausted to outdoors				
Policy Policy		slop show dressing door	Shower controls outside stall easily operable by attendant Emerg. nurses call within reach o patient in shower room				
	Туре	of Bathing Fixture	Required Ratio (1:N)	Number of Fixtures With Corridor Access	Number of (B) Beds Served (B x N)		
	Free-Sta	nding Tub	1:15				
•	Automate	ed Bather	1:30				
•	Corridor	Accessible Shower	1:15				
•	TOTAL						
Policy Policy (C)		off main of convenie wheelcha	Vent. min. 10 air ch./hr (exhaust)Emergency nurses call station				
151.390 (В)	CLEAN UTILITY RO	DOM n <u>not</u> included (only for Le from corridor ension	vel IV unit) _ _ _	Sink w/ goose-neck faucet Vent. min. 10 air ch./hr		
151.390 (C)	SOILED UTILITY R check if function Direct access Min. 70 sf	Handwashing sink				
		Min. 6'-0" dime Counter min. 24"	_	Service sink w/ goose-neck fauce Clinical or Bedpan flushing-rim sink washer/			
151.380	(A)	LINEN CLOSET Min. 20 sf Non-combustil max. 6'-0					

MASS. DPH/DHCQ 07/01 LTC1

	ARCHITECTURAL REQUIREMENTS	MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS
151.380 (B)	JANITOR'S CLOSET	
Policy	Serving nursing unit exclusively	
	Min. 25 sf	Service sink
	Min. 5'-0" dimension	Vent. min. 10 air ch./hr (exhaust)
	Shelving	
151.380 (C)	UNIT STORAGE CLOSET Min. 50 sf	
151.580	NOURISHMENT KITCHEN	
	Min. 1 per floor	Sink
	Refrigerator	Vent. min. 10 air ch./hr (exhaust)
	Storage cabinets	Emergency lighting
Policy	Surface cooking unit or Micro	wave oven
GENERAL STA	ANDARDS	
Architectural D		Mechanical
Corridors	(151.600):	Heating (151.700):
resid	lent corridors	heating capacity min. 75 °F
	min. 8'-0" wide	Air Conditioning (151.700(D)):
	handrails on both sides	cooling capacity max. 75 °F in areas listed below:
	max. projection 3½"	New Construction
	min. 30" AFF	& Major Renovations original facility plan
	returns meet wall at each end	▷ Original facility plan approval approval prior to
	ce corridors	on or after 4/14/00 04/14/00
	min. 5'-0" wide	AC in all resident areas AC in dining rooms,
Ramps (1		activity rooms, day
	if service <u>not</u> included in project	rooms, etc.
	. slope 1:12	Temperature controls in each bedroom
Doors (15	44" wide at bedrooms, day room, din. rooms,	Ventilation (151.710): corridors not used as plenums for supply/return
	rooms, stairs	Plumbing
	36" at bathing rooms (Policy)	min. water pressure 15 psi (151.720)
	32" at toilet rooms	Electrical
	ocks or privacy sets in resident areas	Lighting (151.800):
	winging/double-acting doors for toilet rms	uniform distribution of light in bedrooms
	(151.640):	night lights
	r guard min. 30" AFF	min. illumination level equivalent to 15 watts
wind	ow glass area min. 10% of BR floor area	incandescent
opera	able windows	switch at nurses station or at BR door
(min.	opening 4% of BR floor area)	min. height 12" AFF
	ct screens	Emergency power (151.830):
	s in all resident toilet & bathing facilities	generator
	lb. capacity	all corridor receptacles on EP
	ceiling height in resident areas	
	e wall finishes in toilet, bathing, food prep., utility	· · · · · · · · · · · · · · · · · · ·
rooms (15		of heating system sources
	s floor finish in toilet, bathing, food prep., utility	on EP in bedrooms
1001118 (12	51.660 (C)&(D))	Nurses call system (151.850):
		all calls register at nurses station origins of calls displayed simultaneously
		on annunciator panel (Policy)
		light signal in corridor at origin of call
		call stations have 1 indicator light per call button
		Telephones (151.860):
		at least 1 telephone per floor

<u>Fireresistance Ratings of Structural Elements</u> (Type 1B construction per M.G.L. Chapter 111 §71 and 780 CMR Table 602)

Complete table below with fireresistance ratings and U.L. numbers for structural elements constituting the proposed structure.

FIRE RESISTANCE (HOURS)	RATING REQUIRED		RATING PROVIDED			U.L. NUMBER			
STRUCTURAL ELEMENTS	Supporting more than one floor	Supporting one floor only	Supporting roof only	Supporting more than one floor	Supporting one floor only	Supporting roof only	Supporting more than one floor	Supporting one floor only	Supporting roof only
EXT. BEARING WALLS	3	3	3						
INT. BEARING WALLS	3	2	2						
COLUMNS	3	2	2						
BEAMS	2	2	1½						
FLOOR STRUCTURE		2							
ROOF STRUCTURE			1½						

07/01 LTC1 MASS. DPH/DHCQ